


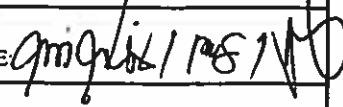
DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES
DIVISION OF ENVIRONMENTAL HEALTH
TEMPORARY WORKFORCE HOUSING INSPECTION REPORT

REASON			INSPECTION DATE: 8/25/16	ESTABLISHMENT NAME: RELIABLE BUILDERS INC
Primary	<input checked="" type="checkbox"/>	Follow-up		
Secondary		Complaint	TIME IN: 12:58 PM	OWNER / OPERATOR: RELIABLE BUILDERS INC
Tertiary		Other (Specify)		
GRADE: 10/A	WORKERS' DORMITORY PERMIT NO: 160001101		TIME OUT: 2:00 PM	LOCATION: ^{NO} HARMON LOT #5160-6-3

Based on the inspection today, the items listed below identify violations which shall be corrected by the date specified by the Department. Failure to comply may result in further regulatory actions. If seeking to appeal the result of this inspection, a written request for hearing must be submitted to the Director before the indicated correction date.

*ITEM NO.	REMARKS	DEMERIT	CORRECT BY DATE
	a regular inspection was conducted on this day, and the following violations were observed:		
#12	Observed screen doors w/o self closing device	3	9/24/16
	All doors leading to the outside shall be provided w/ self closing device to prevent the entrance of any pests.		
#20	Observed toilet room doors w/o self closing device, no paper towel dispenser or paper towel, no hand soap & no trash receptacle, no toilet tissue holder or toilet tissue	6	9/4/16
	All toilet rooms shall be provided w/ self closing device for doors to prevent the entrance of pests, w/ toilet paper w/ dispenser, paper towel w/ dispenser, trash receptacle & hand soap to prevent unsanitary conditions.		
#35	Observed no first aid kit provided.		
	Approved first aid supply shall be provided, distributed & placed conspicuously throughout the temporary workforce housing.	1	9/24/16
	* ALL VIOLATIONS STATED ABOVE APPLIES TO ALL UNITS. Leaved NO		
	DISCUSSED ALL VIOLATIONS ABOVE W/ MARK JORGE		
	Post A placard # 01786, photos were taken during inspection		

I am the responsible party of the establishment, have read and understand the above violation(s), and am aware of the corrective measures that shall be taken.

<p>*When any of the following items are cited above, they shall be corrected within ten days of this inspection: (15); (16); (19); (20); (22); (30); (32); (36); and (38)</p>	RECEIVED BY (Name and Title)	
	PRINT: MARK KHERWIN JORGE	SIGNATURE: 
	DEH OFFICIAL (Name and Title)	
	PRINT: REMILIZA ORIONDO, EPHO I	SIGNATURE: 
	REVIEWED BY (Name and Title)	
	PRINT: _____	
	SIGNATURE: _____	